MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-030239

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7429 STATE FILE NUMBER

FILED JUL 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	2249		
3			
4	1		
5	3		
6			
7	0		
8	1		
9			
10			
11			
12	75-6		
13			

75

BY AFFIDAVIT OF — DOCUMENT

GEARHART — USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. LOUIS, MISSOURI — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL # 1 — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3334 NEBRASKA — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Edith Middle E Last Mc Clelland

4. DATE OF DEATH Month 7 Day 17 Year 63

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH SEPT 16 1897

9. AGE (last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) MISSOURI

12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME ORLANDO RUGE

13b. MOTHER'S MAIDEN NAME MOLLIE LARKIN

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ND (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT Address JANE KELSCH 3334 NEBRASKA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
(c) Left Cerebral Infarction

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332x

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-18-63 to 7-17-63 and last saw her/him alive on 7-17-63

Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. William H. Gearhart M.D.

22b. ADDRESS 1515 Lafayette Avenue

22c. DATE SIGNED 7-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE JULY 20, 1963

23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEM.

23d. LOCATION (City, town, or county) ST. LOUIS (State) MO

24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG. JUL 18 1963

26. REGISTRAR'S SIGNATURE Howard Arnold M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Corley Thompson Jr

Licensed Embalmer No. 4861

P. O. Address St Louis 19, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.